

APPLICATION FOR FAMILY AND CHILDREN EMERGENCY SERVICES

State Form 47349 (R3 / 4-01) / FPP 0012

See instructions on the reverse side.

1. IV-A EA case number:

* The request for your Social Security number is **MANDATORY** according to IC 4-1-8-1, and this record cannot be processed without it.

If Family / Child(ren) is the subject of a SF 114 / FPP 0310 Preliminary Report of Alleged Child Abuse or Neglect and SF 113 / FPP 0311 Investigation of Alleged Child Abuse or Neglect, **ATTACH FPP 0310 / FPP 0311 TO THIS FORM.**

[illegible]

8. Assistance group address (number and street, city, state, ZIP code)

Telephone number

9. INCOME - List all income for all members of the assistance group from all sources. Attach verifications for each.

FOR DFC USE ONLY

INCOME AMOUNT	BASIS (WK., MO., ETC.)	SOURCE	Group size:	250% poverty level: <i>(From table)</i>	
			Convert all income to a monthly basis for all members of assistance group. <i>(To convert a weekly to monthly amount, multiply the weekly amount by 4.3.) Show all computations:</i>		
			Financially eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of DFC worker	Date

Check below the services you believe are necessary to eliminate or prevent abuse or neglect.

10. SERVICES:

☐ Substitute care for children ☐ Clothing for children ☐ Non-medical counseling services for the child and child's household

11. APPLICANT'S STATEMENT OF SITUATION AND NEEDS: *(USE ADDITIONAL SHEET IF NEEDED)*

** Applicant understands that this is an application for emergency services. This application form does not authorize the applicant to receive any or all of the services checked above.

12. I certify that the income stated above is true and accurate.

☐ Yes ☐ No

I request Emergency Assistance for the services indicated above as I have no resources immediately accessible to me to pay for the services.

13. Name (Parent, court, or DFC)	14. Date	15. Relationship to child
----------------------------------	----------	---------------------------

**INSTRUCTIONS
APPLICATION FOR
FAMILY AND CHILDREN EMERGENCY SERVICES**

1. IV-A EA case number (as assigned)
2. In cases in which SF 114 / FPP 0310 Preliminary Report of Alleged Child Abuse or Neglect and SF 113 / FPP 0311 Investigation of Alleged Child Abuse or Neglect have been completed on the family, this section does not have to be completed. The 310 / 311 shall be attached to this application and will become part of the application. **NOTE: THE SECTIONS OF THE 310 THAT GIVE INFORMATION ON THE COMPLAINANT MUST BE DELETED PRIOR TO MAKING THE FORM A PART OF THE APPLICATION. ANY REFERENCES TO THE COMPLAINANT ON THE 310 OR 311 MUST BE DELETED PRIOR TO BECOMING A PART OF THE IV-A EA APPLICATION.**

CHINS Household: First, middle and last name. If the household is applying, the name used would be that of the person who signs the application. If an application is made on behalf of a child / adolescent and the child / adolescent is the only person listed in the IV-A EA assistance group, that person's name would be used. This could be the child if the child is in out-of-home care or if the adolescent is 16 years or older and working toward emancipation.

3. Date of birth
4. Relationship defined using the same categories that appear on the ICWIS Profile Screen, Intake Frame - (*Relationship*)
5. Social Security number

6. Race/Ethnicity W - White A - Asian Hispanic ethnicity - If a person is of Hispanic ethnicity, indicate with a check (3).
 B - Black or African American NH - Native Hawaiian or other Pacific Islander
 AI - American Indian or Native Alaskan UN - Unable to determine

7. Case Clearance - The person who does the case clearance will initial and date this box as the clearance is done on each person.

8. The address and telephone number of the assistance group.

9. Income Section

List the amount, frequency and source of all income for the assistance group. (*Example: \$300, month, child support*)

DFC USE ONLY:

Household size - Put the number of persons that is considered to be in the assistance group.

250% Poverty level - Put dollar amount from the poverty table.

Compute the total gross monthly income from the income section, and compare it with the household size and the poverty table to see if the household is financially eligible for this program.

10. Check the services that are believed to be necessary to eliminate or prevent abuse or neglect.

11. Explain the situation and the needs of the household.

12. The household should check the appropriate Yes / No responses to the question.

13. The signature will most frequently be that of the:

- household or relative on behalf of the child;
- DFC worker;
- child - in an instance such as the adolescent that has been emancipated.

14. Date of signature.

15. Explain the relationship of the person to the child. (*Example: mother, father, family case manager, etc.*)

DATE: THE DATE ON THIS FORM IS VERY IMPORTANT. APPLICATION MUST BE AUTHORIZED WITHIN 30 DAYS OF THE DATE OF THIS APPLICATION. THE APPLICATION DATE MARKS THE BEGINNING OF 120 DAYS OF SERVICES. SEE POLICY OF TITLE IV-A EA FOR FURTHER INFORMATION.